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HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
 Minutes of Meeting
February 15, 1999

Members present:

Marcos Bañales
 Michael Discepolo
 Mazdak Mazarei
 Willi McFarland
 John Newmeyer
 Tracey Packer

Members absent:

Martha Ugarte-Ortiz

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MAR 27 2006

SAN FRANCISCO
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Andrea Kim, *Epidemiologist*
 Michael Petrelis, *ACT UP GoldenGate*

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 San Francisco, CA 94102

REFERENCE BOOK*to be taken from the Library*

STATEMENTS, AND INTRODUCTIONS
 this meeting.

RESOLUTIONS

12/14 were approved by consensus.

REGULAR MEETING TIMES AND ESTABLISH REGULAR

the meeting on the third Tuesday of every month. Meetings are held at the San Francisco Department of Public Health at 25 Van Ness. Check in

COMMITTEE ACTION - VOTE

Due to his duties as Co-Chair for the full Council he is unable to attend the Priority Setting Committee. Both Mazdak and Marcos expressed their support for the Committee with the guidance of support staff and Michael

Discepolo. Marcos and Mazdak were appointed by consensus as Co-Chairs of the Priority Setting Committee.

Michael Petrelis stated his belief that Committee Chairs have to be HIV positive. He asked that the DPH supply him with HPPC rules and regulations, specifically for general public comment as well as the Committee's scope of work. Tracey informed Michael Petrelis that under the Sunshine Ordinance, the DPH has ten days from when the request was made on February 10th to respond. To assist Michael Petrelis and others to understand the scope of work, she distributed copies of the Priority Setting Committee's scope of work from the CDC Cooperative Agreement. Michael Petrelis remarked that Committee meetings need to be announced to the public. He said that agenda items should deal with real issues aside from HPPC restructuring.

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HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
February 15, 1999

Members present:

Marcos Bañales
Michael Discepolo
Mazdak Mazarei
Willi McFarland
John Newmeyer
Tracey Packer

Members absent:

Martha Ugarte-Ortiz

DOCUMENTS DEPT.

MAR 27 2006

Support Staff present:

Michael DeMayo, *Harder + Co.*
K. Simone Ferguson, *Polaris R and D*
Kevin Roe, *Process Evaluation.*

Guests:

Andrea Kim, *Epidemiologist*
Michael Petrelis, *ACT UP GoldenGate*

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Call to order: 3 PM

I. WELCOME, ANNOUNCEMENTS, AND INTRODUCTIONS

No announcements were made at this meeting.

II. APPROVAL OF MINUTES

The minutes of 10/12, 11/16, and 12/14 were approved by consensus.

III. CONFIRM REGULAR MEETING TIMES AND ESTABLISH REGULAR LOCATION

The Committee chose to continue meeting on the third Tuesday of every month. Meetings are from 2 PM to 4 PM at the San Francisco Department of Public Health at 25 Van Ness. Check in at the 5th floor.

IV. CHAIR/CO-CHAIR ELECTION - VOTE

Michael Discepolo stated that due to his duties as Co-Chair for the full Council he is unable to continue as Chair for the Priority Setting Committee. Both Mazdak and Marcos expressed interest in serving as Co-Chairs for the Committee with the guidance of support staff and Michael Discepolo. Marcos and Mazdak were appointed by consensus as Co-Chairs of the Priority Setting Committee.

Michael Petrelis stated his belief that Committee Chairs have to be HIV positive. He asked that the DPH supply him with HPPC rules and regulations, specifically for general public comment as well as the Committee's scope of work. Tracey informed Michael Petrelis that under the Sunshine Ordinance, the DPH has ten days from when the request was made on February 10th to respond. To assist Michael Petrelis and others to understand the scope of work, she distributed copies of the Priority Setting Committee's scope of work from the CDC Cooperative Agreement. Michael Petrelis remarked that Committee meetings need to be announced to the public. He said that agenda items should deal with real issues aside from HPPC restructuring.

V. RECRUITMENT OF COMMUNITY MEMBERS

Michael Discepolo announced that Kyung Hee-Choi, last term's community member appointed to the Committee has chosen to continue. He asked whether members had any objections. Members would like to renew Kyung Hee-Choi's term; her application will also be reviewed by the Steering Committee for approval. Michael Discepolo will inform her of the Committee's decision. Michael requested that the committee suggest other community members to serve on the committee. Willi announced his nomination of Andrea Kim, epidemiologist.

All nominations must be submitted to the Committee Chair prior to the next Steering Committee meeting in order for official approval on February 24th. Contact Betty Chan Lew at the SFDPH, HIV Prevention Section for nomination forms.

VI. REVIEW WORK OF LAST YEAR'S COMMITTEE

Michael DeMayo distributed copies of the tentative Priority Setting Model for Sub-Populations developed by last year's Committee (attached to the minutes) He explained that the Committee has reached the point where subgroups of the committee should review selected studies to identify subpopulations that should be assured funding.

The model includes the following:

1. Rank BRPs by HIV incidence
2. Identify subpopulations that should be guaranteed funding
 - a. Identify criteria for selection of prevalence studies to be used to identify these subpopulations
 - b. Select prevalence studies

Michael explained that the 8 BRPs would be prioritized by incidence. Incidence is defined as the estimated number of new infections in one year.

The second element of the model is to identify subpopulations that should be guaranteed funding. This presented a challenge. It has been difficult to determine a systematic method for identifying subpopulations that should be insured prevention funding. At the end of last year, the group decided to use research that describes prevalence to identify subpopulations.

Michael and Willi met to develop a set of criteria to assess the quality and usefulness of studies based on six components:

- HIV Prevalence
- STD Incidence - "Impending doom" indicators of transmission increase
- Validity of the study
- Precision or sample size
- Timing of the study (recent or older)
- Outcome of the study

Research will be ranked by date of data collection. For example, studies using data collected after 1996 would receive a higher score than studies using data collected before 1996. Any studies using data past 1998 would receive the highest ranking.

Using HIV prevalence as a criteria to select studies would be defined as follows:

- a study with no HIV prevalence would receive a score of 1
- up to the population of San Francisco as a whole would receive a score of 2

- a study with four times the population of San Francisco would receive a score of 3
- scores 4 - 8 would be scored in increments of 10%
- studies with a population of 50% or more would receive the highest score

The old model was revisited regarding the behaviors individuals engage in as reflecting the probability of transmission. For example, receptive anal sex is considered a higher risk than oral sex and should receive a higher ranking.

Michael DeMayo asked the committee members if they would consider working on the Epi Profile this year, after completing selection of subpopulations. Such a combination of tasks would fit together since both tasks require review of the same data. He suggested making another announcement at the next HPPC meeting to recruit additional Council members interested in working on the Epi Profile. He recommended that the Committee complete its priority-setting tasks first and then shift to the epidemiological work. Tracey stated that the deadline for priority-setting tasks is April. The epi work could be completed after that. The combination would change the name of the Committee to the Priority Setting Epi Working Group. Willi reported that the timeline would work well with the plan to hold a Consensus meeting this year which will update estimates of incidence and prevalence.

Michael Discepolo will bring the issue to the next Co-Chairs meeting and report the feedback at the next Priority Setting meeting. [Note: The Co-Chairs request that Michael make another call for Epi Working Group members before folding Priority Setting and Epi Working group together.]

VII. DEVELOP AND APPROVE SCOPE OF WORK FOR 2000 - VOTE

Members reviewed the Plan. Willi explained that the point of the model is essentially to make a case for the best evidence. Although it addresses "impending doom" concerns, members felt it neglected emerging populations. Tracey asked whether BRAs would address those concerns. Mazdak noted the BRAs are the least valid since the sample may not be representative. Michael suggested presenting the existing data and having the Council identify the gaps to be addressed later. Willi reported that the Council has already brainstormed a list of emerging populations. Willi will supply Michael DeMayo with that list.

Kevin suggested that the tentative Priority-Setting Model for Sub-Populations include a legend at the bottom to clarify terms.

Willi and Michael DeMayo will run six additional subpopulation using the six criteria for a total of 10. Additional suggestions are as follows:

- the gay Latino community - San Francisco residents and those newly arrived
- transgenders who have sex with men separate from transgenders who have sex with women
- MSMs by race/ethnicity, including Native Americans

VIII. NEXT STEPS

Next steps include:

- developing an attendance mechanism (specific for each committee)
- review the progress of the use of studies to identify subpopulations

The next regularly scheduled meeting will be held March 21st from 2 PM to 4 PM at 25 Van Ness.

Minutes written by K. Simone Ferguson

Minutes reviewed by Mazdak Mazarei and Tracey Packer, HIV Prevention Section

Priority Setting Committee
(Also known as Epi/Assessment/Priority Setting)

February 24, 1999
1:00 PM - 3:00 PM

AIDS Office
25 Van Ness Avenue
5th Floor-Training Room A

(Agenda)

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FEB 19 1999

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1. Welcome and Introductions
2. Tasks and Timeline for the Committee-Discussion
3. Election of the Committee Chair or Co-Chairs-Possible Vote
4. Roles and Responsibilities of Committee Members,
Community Members, Consultants, DPH Staff
5. Recruitment of Community Members to the Committee
6. Set Regular Meetings
7. Next Steps
8. Evaluation of Committee Meeting



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CORRECTION! NEW LOCATION

(Agenda)

Priority Setting Committee

(Also known as Epi/Assessment/Priority Setting)

February 24, 1999
1:00 PM - 3:00 PM

Urban Health Study
(Directory Dial)
3180 18th Street, 3rd Floor
San Francisco

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FEB 22 1999

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8. Evaluation of Committee Meeting

HIV PREVENTION PLANNING COUNCIL (HPPC)**Priority Setting Committee****(Formerly known as Epi/Assessment/Priority Setting)**

Wednesday, March 10, 1999
3:30 PM - 5:30 PM

AIDS Health Project
1930 Market Street, Room 230
(Please check in at front desk,
inform them you have a meeting with Michael Discepola)

Agenda

1. Welcome and Introductions
2. Review and Approval of 2/24 minutes
3. Election of the Co-Chairs-Vote
4. Review Tasks and Timeline for the Committee-
5. Begin Task #1: Complete process for identifying sub-populations-Possible Vote
6. Recruitment of Community Members to the Committee
7. Next Steps
8. Evaluation of Committee Meeting

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HIV PREVENTION PLANNING COUNCIL (HPPC)**Priority Setting Committee**

Wednesday, March 31, 1999

3:00 PM - 5:00 PM

AIDS Health Project
1930 Market Street, Room 230**Agenda****DOCUMENTS DEPT.****MAR 26 1999****SAN FRANCISCO
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1. Welcome and Introductions
2. Review and Approval of 3/10 minutes
3. Election of the Co-Chairs-Vote
4. Continue Task #1: Review results of brainstorm of sub-populations/Discuss number of BRPs/Subpopulations-Possible Vote
5. Consider scheduling presentation by the Transgender Work Group for 4/21
6. Recruitment of Community Members to the Committee-Final Recommendations (Deadline April 15)
7. Next Steps
8. Evaluation of Committee Meeting

HIV PREVENTION PLANNING COUNCIL (HPPC)

Priority Setting Committee

Wednesday, April 21, 1999

3:00 PM - 5:00 PM

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AIDS Health Project
1930 Market Street, Room 230

APR 19 1999

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Agenda

1. Welzome, Introductions, and Announcements
2. Review and Approval of 3/31/99 Minutes
3. Presentation by Transgender Working Group on Behavioral Risk Populations
4. Consider Proposal from Transgender Working Group - Discussion and Possible Vote
5. Number of Behavioral Risk Populations - Discussion and Vote
6. Begin Discussion of Subpopulations (if time)
7. Request for Data on Subpopulations
8. Next Steps
9. Closure and Evaluation

HIV PREVENTION PLANNING COUNCIL (HPPC)**Priority Setting Committee**May 19, 1999

3:00 - 5:00 PM

AIDS Health Project
1930 Market Street, Room 230**Agenda**

1. Welcome, Introductions, and Announcements 3:00-3:10
2. Review and Approval of Minutes 3:10-3:20
from 3/31/99 and 4/21/99*
3. Report from Steering Committee 3:20-3:35
4. Begin Task #2: Identify Subpopulations 3:35-4:40
 - a. Review data
 - b. Discussion
 - c. Next steps on direction of subpopulation work
 - d. Possible concept vote
5. Any Other Next Steps 4:40-4:50
6. Closure and Evaluation 4:50-5:00

*If you have not received minutes from 3/31/99 and 4/21/99, please call Tracey Packer at 554-9992.

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MAY 13 1999

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HIV PREVENTION PLANNING COUNCIL (HPPC)**Priority Setting Committee**

June 16, 1999

3:00 - 5:00 PM

AIDS Health Project
1930 Market Street, Room 230**Agenda**

1. Welcome, Introductions, and Announcements
2. Review and Approval of Minutes
3. Debrief Council Presentation
4. Finish Brian Storm of Sub Populations
5. Review Prevalence Data
6. Make Recommendations for Model
7. Closure and Evaluation

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JUN 11 1999

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. 06-11-99P12:24 RCVD



HIV Prevention Planning Council (HPPC)
Priority Setting Committee
Additional Meeting

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JUN 29 1999 7.0.

Thursday, July 1, 1999
9am

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AIDS Health Project
1930 Market Street, Room 230

JUN-29-1999 10:10 AM

Agenda

1. 9am-10am Prepare for July 8th presentation on revised sub-population model.
2. 10 am Determine priorities for the supplemental funding proposal for the Primary Prevention for Positives Demonstration project.

NEW SUB-COMTEE



HIV Prevention Planning Council (HPPC)
Priority Setting Committee

Wednesday, August 18, 1999
3:00 – 5:00 P.M.

AIDS Health Project
1930 Market Street, Room 230

Agenda

- ◆ Introductions
- ◆ Approval of Minutes
- ◆ Change in Meeting Time
- ◆ Presentation on the Community Forum – Peter Twyman
- ◆ Final Decision on Process to Identify Sub-populations
- ◆ Next Steps
- ◆ Evaluation

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JUL 30 1999

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HIV Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, September 14, 1999
3:00 – 5:00 P.M.

AIDS Health Project
1930 Market Street, Room 230

Agenda

- ◆ Welcome and Introductions
- ◆ Approval of Minutes
- ◆ Review Final Decision on Identification of Sub-populations
- ◆ Presentation on Resource Inventory
- ◆ Discussion of Criteria for Emerging Populations (Possible Vote)
- ◆ Next Steps
- ◆ Evaluation

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SEP 13 1999

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HIV Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, October 12, 1999
3:00 - 5:00 P.M.

AIDS Health Project
1930 Market Street, Room 230

Agenda

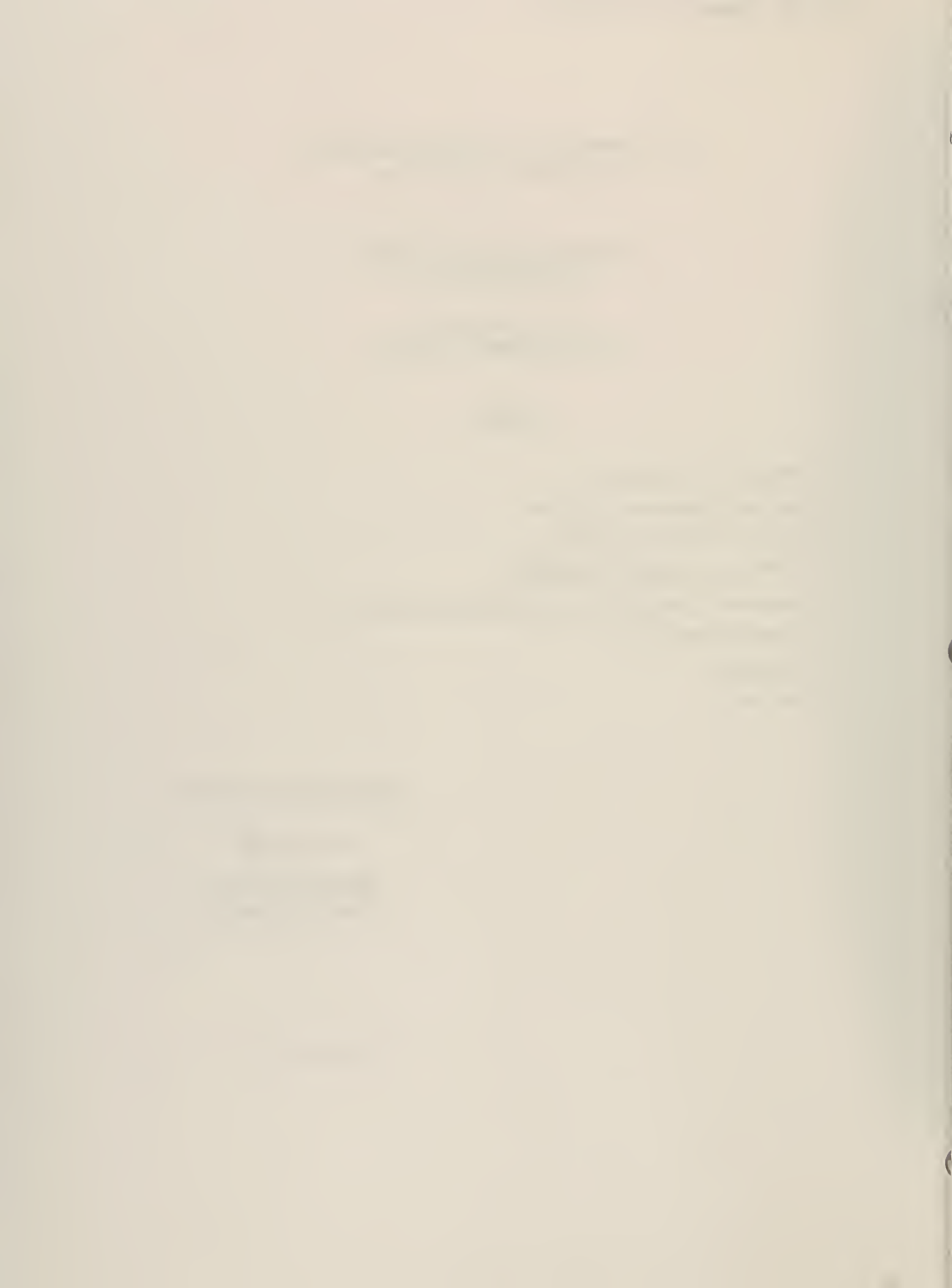
- ◆ Welcome and Introductions
- ◆ Approval of Minutes 8/18 and 9/14
- ◆ Resource Inventory Presentation
- ◆ HIV Prevention Indicator Presentation
- ◆ Discussion on Committee Work During the Restructuring Process (Possible Vote)
- ◆ Next Steps
- ◆ Evaluation

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OCT 06 1999

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HIV Prevention Planning Council (HPPC)
Priority Setting Committee

6
/99
Tuesday, December 14, 1999
3:00 - 5:00 P.M.

AIDS Health Project
1930 Market Street, Room 230

Agenda

- ◆ Welcome and Introductions
- ◆ Approval of Minutes 11/16/99
- ◆ Next Steps
- ◆ Evaluation

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DEC 14 1999
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Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, February 15, 2000
2:00 - 4:00 P.M.

AIDS Health Project
1930 Market Street
(Check in with receptionist)

Agenda

- * Introductions and Welcome
- * Approval of Minutes 10/12, 11/16, 12/14
- * Confirm Regular Meeting Times and Establish Regular Location
- * Chair/Co-Chair Election - Vote
- * Recruitment of Community Members
- * Review Work of Last Year's Committee
- * Develop and Approve Scope of Work for 2000 - Vote
- * Next Steps
- * Evaluation

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Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, March 21, 2000

2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

AGENDA

- | | | |
|----|---|----------------|
| 1. | Welcome, Introductions, and Announcements | 2:00 - 2:10 PM |
| 2. | Public Comment | 2:10 - 2:15 PM |
| 3. | Approve Minutes from February 15 - Vote | 2:15 - 2:20 PM |
| 4. | Committee Decision Making Process - Vote | 2:20 - 2:30 PM |
| 5. | Review Scope of Work for 2000 - Vote | 2:30 - 2:40 PM |
| 6. | Review and Discuss Proposed Priority Setting Model - Vote | 2:40 - 3:40 PM |
| 7. | Public Comment | 3:40 - 3:45 PM |
| 8. | Next Steps | 3:45 - 3:55 PM |
| 9. | Closing | 3:55 - 4:00 PM |

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HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
March 21, 2000

Members present:

Marcos Bañales
Kyung Hee Choi
Michael Discepola
Mazdak Mazarei
John Newmeyer
Martha Ugarte-Ortiz
Tracey Packer

Members absent:

Willi McFarland

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Support Staff present:

Michael DeMayo, *Harder + Co*
K. Simone Ferguson, *Polaris R and D*
Wendy Hussey, *Process Evaluation*

Guests:

Brenda Escobar, *Women's Needs Center*
Andrea Kim, *Epidemiologist*
Jamie Peta, *CA Lavender Smoke Free Project*
Lisa Reyes, *HIV Prevention Section*
A. Toni Young, *HPPC Co-Chair*

Call to order: 2 PM

I. WELCOME, ANNOUNCEMENTS, AND INTRODUCTIONS

- ?? Tracey introduced Brenda Escobar to the Priority Setting Committee as a candidate for community membership to the Priority Setting Committee. The Steering Committee still must approve her membership before she can vote.
- ?? Michael Discepola announced that UCSF AHP is seeking an HIV Risk Reduction Counselor and an HIV Risk Reduction Groups Coordinator. Both positions involve a 32-hour workweek. (See attachment).
- ?? Marcos just returned from the National HIV/AIDS Conference. He reported that one of the main areas of focus was an initiative to involve the entire family in HIV prevention and intervention efforts.

II. PUBLIC COMMENT

There was no public comment at this meeting. The Committee discussed changing the location of the Priority Setting meetings from the SFDPH. It was reported that the community may feel intimidated attending meetings at this location. After discussion, members agreed that committee meetings would remain at 25 Van Ness, 5th Floor.

III. APPROVAL OF MINUTES

The minutes of February 15, 2000 were approved unanimously. It should be noted that Kyung Hee Choi is a member of the Priority Setting Committee, and should be marked absent from all meetings prior to March 21, 2000.

IV. COMMITTEE DECISION MAKING PROCESS

Mazdak distributed copies of the Committee's decision making process regarding consensus and voting. The bylaws state that the Committee will reach agreement through consensus. When there is no consensus, majority decision will rule. Members agreed to continue to use this process.

V. REVIEW SCOPE OF WORK FOR 2000

Michael DeMayo reported that the process to identify subpopulations through the priority-setting model will utilize a lot of the same data as the Epi Working Group responsible for rewriting the Epi Chapter of the Plan. It was suggested that one of the Committee Co-Chairs should attend Epi Working Group meetings. Mazdak volunteered to join the group time permitting.

Tracey presented a timeline for the short term:

- ?? March - review model and make the necessary changes
- ?? April - review the list of subpopulations generated from the model
- ?? May - present the model and list of subpopulations to the Council

Members approved this scope of work and the full scope for 2000 (See attachment).

VI. REVIEW AND DISCUSS PROPOSED PRIORITY SETTING MODEL

Michael DeMayo and Willi McFarland met to revise and organize the feedback generated from the last meeting into the new model. Michael presented their findings.

Michael DeMayo explained that originally the scoring system was much narrower. The model now totals 100 points. The scoring of prevalence was expanded to allow for a broader scoring system.

A sixty-five percent infection rate is the top range for HIV prevalence based upon the transgender study, which has found the highest seroprevalence so far.

Scoring for behavioral risk is based upon two separate references (See attachment):

1. A study by Eric Vittinghoff that outlines per-contact risk of human immunodeficiency virus transmission between male sexual partners.
2. The relative risk of behaviors according to the HIV Prevention Plan.

Scoring involves the estimated number of times a behavior is performed in a year multiplied by the relative risk. For example, much of the literature on risk estimates indicate that sharing unsterile needles is four times riskier than vaginal receptive intercourse, so its relative risk score is 12 when the risk score for vaginal receptive intercourse is 3.

If a study or data finds that 35% of the population engages in needle sharing, a rank of 9 specified for needle sharing would be multiplied by that percentage which is then given a score. The highest score a study or data would receive for prevalence would be 36 points. Michael stated that the model was revised in this way because behavior, STD incidence, and prevalence are the components that essentially drive the model because they indicate risk for HIV.

Members were concerned whether the range given for validity, sample size, and timeliness scores would be broad enough to compare studies that were poorly written but contained important data from those that were well written. Michael DeMayo suggested that scoring be changed from a

series of 1,2, and 3 to a series of 3, 6, and 9 (See attachment). For example when the score is tabulated, the highest score a study could receive for validity would now be a 9 and the lowest score would be a 3. This way the range is wider to better differentiate between lesser-quality studies.

Tracey suggested separating out seroprevalence, behavior, and STD incidence from the components that determine how well a study was written into different three grids for a final comparison. This would also allow the model to note populations with high risk, even though poorly studied. Kyung Hee Choi suggested the Committee consider how the categories are weighted to address this problem.

Michael DeMayo stated that the purpose of the model is to gather the best data from the best studies; however, the scoring cannot be perfect enough to identify all populations. John recommended that the model be used only as a guideline. Michael Discepolo reminded committee members that the subpopulations the model intends to identify are those that should be guaranteed funding.

Michael DeMayo reported that technical support would process a first cut of studies and subpopulations. The committee would then identify population gaps that should be included. Data would then be gathered to research those gaps.

Mazdak suggested that studies and data be included based upon when the data was collected and not when the study was published. Tracey noted that the epidemic has not changed so dramatically that a population would be missed if the cut off date was 1990. Members agreed the cut off date would be 1990.

Michael DeMayo reported that the Committee would review a list of the first draft of subpopulations and the ranking according to score at the next meeting. The data to be used for the first run through the model are published studies and the Epi data from the SFDPH.

VII. PUBLIC COMMENT

There was no public comment at this meeting.

VIII. NEXT STEPS

The next regularly scheduled meeting will be held on April 18th from 2 PM to 4 PM at 25 Van Ness, 5th Floor.

Minutes written by K. Simone Ferguson

Minutes reviewed by Tracey Packer, HIV Prevention Section

Priority-Setting Committee
Scope of Work from CDC Cooperative Agreement

Objective 13: Priority-Setting Committee

Complete the revised priority-setting model.

- ?? **Consider the process for identifying priority sub-populations.**
- ?? **Identify priority sub-populations.**
- ?? **Perform resource gap analysis based on revised priority-setting model.**
- ?? **As appropriate, develop resource allocation recommendations.**
- ?? **Develop guidelines for technical review of new proposals.**
- ?? **Gain community input.**

Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, April 18, 2000
2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

AGENDA

- | | | |
|----|---|----------------|
| 1. | Welcome, Introductions, and Announcements | 2:00 - 2:10 PM |
| 2. | Public Comment | 2:10 - 2:15 PM |
| 3. | Approve Minutes from March 21 - Vote | 2:15 - 2:20 PM |
| 4. | Presentation on Sub-populations Identified
Through Model-Review, Discuss, Vote | 2:20 - 3:05 PM |
| 5. | Identify Gaps in Sub-populations | 3:05 - 3:25 PM |
| 6. | Next Steps | 3:25 - 3:35 PM |
| 7. | Prepare for May Presentation to the HPPC | 3:35 - 3:50 PM |
| 8. | Public Comment | 3:50 - 3:55 PM |
| 9. | Evaluation and Closing (Next Meeting: May 16) | 3:55 - 4:00 PM |

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THIS MEETING IS CANCELLED

Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, April 18, 2000

2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
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APR 17 2000

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THE HISTORY OF THE

REIGN OF

CHARLES THE FIRST

BY

JOHN BURNET

OF THE UNIVERSITY OF OXFORD

IN TWO VOLUMES

THE SECOND VOLUME

OXFORD: PRINTED BY J. STURGEON

1734

CONTENTS

THE DEATH OF

CHARLES

THE FIRST

Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, April 25, 2000

2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

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HIV PREVENTION AND PLANNING COUNCIL

Priority Setting Committee

Minutes of Meeting

April 25, 2000

Members present:

Marcos Bañales
Kyung Hee Choi
Michael Discepola
Mazdak Mazarei
John Newmeyer
Tracey Packer

Members absent:

Willi McFarland
Martha Ugarte-Ortiz

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Support Staff present:

Michael DeMayo, *Harder + Co*
K. Simone Ferguson, *Polaris R and D*
Wendy Hussey, *Process Evaluation*

Guests:

Andrea Kim, *Epidemiologist*
Jamie Peta, *CA Lavender Smoke Free Project*
Lisa Reyes, *HIV Prevention Section*

Call to order: 2 PM

I. WELCOME, ANNOUNCEMENTS, AND INTRODUCTIONS

- ?? Jamie Peta of the CA Lavendar Smoke Free Project, a community member, remains a guest to the Priority Setting Committee until his membership is confirmed at the next Co-Chairs meeting.
- ?? Mazdak reported that Lyric will be hosting its annual event next month in May. Everyone is welcomed to attend. Participants under the age of 23 will be admitted free of charge. And those who can not afford tickets as well as those seeking additional information should see Mazdak.

II. PUBLIC COMMENT

There was no public comment at this meeting.

III. APPROVAL OF MINUTES

The minutes of March 21, 2000 were approved unanimously. It should be noted that Kyung Hee Choi is now an official community member of the Priority Setting Committee. She attended previous meetings as a guest to the Committee.

IV. PRESENTATION ON SUB-POPULATIONS IDENTIFIED THROUGH MODEL-REVIEW

Michael DeMayo submitted two documents, (1), the Priority Setting Committee Sub-Populations (See attachment) that is generated from the model to apply to different studies that the Committee approved at the last meeting (Note: MSM [all groups] should be included within Group 2: 50-74 instead of Group 1: 75-100), and (2), a summary of cumulative AIDS cases, living AIDS cases, and the San Francisco HIV Epi report according to each of the behavioral risk populations (See

attachment). He explained that the first document is incomplete since there have been some problems associated with scoring certain studies within the model. They are listed as follows:

- ?? Some of the studies have introduced additional variables, for example multiple risk behaviors, that are not allowed for within the model. As a result these studies have not been included within the model until the Committee can determine how to proceed.
- ?? Studies that do not include Health Department STD data may not describe their STD data in the same way. When this occurs it is difficult to determine an actual STD rate and estimates were made as to what the general rates were for the population described in the study.
- ?? Prevalence that was broken out by race/ethnicity or gender did not separate between men and women for a few of the studies.

There were no major surprises as to what populations emerged from the studies since they are similar to the populations the 1999 Priority Setting Committee identified when the model was based upon a prevalence of 4% or higher.

Michael DeMayo explained that the model is limited because certain variables within the study could not be rated. There is no sound methodology in terms of scoring. He suggested the Committee consider using the model as a backup mechanism to determine emerging prevalence rates. He added that there are large prevalence studies and data sources to be limited to to determine priority subpopulations and then identify what gaps emerge. The model is sound other than subjectivity around the scoring process.

Michael DeMayo asked the Committee to reconsider which studies would be appropriate to include in the model since behavioral studies have proven difficult to apply. The model is too narrow to sift through a wide array of studies. Many studies do not include all of the elements the Committee has identified. Rather than give those studies a zero which would subsequently lower them, they were excluded from the model.

John responded that the scoring process should remain as it is because it indicates how the study is evaluated. He suggested that the model include a separate category for qualitative analysis that would inform the reader as to the study's strengths or weaknesses.

Tracey asked whether it was possible to use as many data sets as possible with different types of data to contribute to one score. It is possible to look at seroprevalence from the Epi report and standardize a certain population by saying these studies are being done, for example A/PI, and developing a list of studies that support that population. Michael explained that the problem with that suggestion is that it asks the Committee to identify populations first and then add supporting data when the original goal was to see what populations emerged from the studies selected within the model. Tracey added that the data would only be used to generate how the populations could be described. Michael expressed the concern around bringing in too much data on a small subpopulation since some of the subpopulations identified within some of the studies are somewhat artificial. It makes it difficult to say what is a priority subpopulation. It may be necessary to set some criteria around some specifics like race and gender.

Kyung-Hee recommended that the model include those studies that do not fit easily into the model, give them no score, and explain within a qualitative category that not all the information was

present so therefore it was not given a score. The model works well for one set of studies and does not work well for others. John added that a far right column of a qualitative category would say it all and it wouldn't make much sense to go any further.

Michael asked whether the methodology to select studies should be scored. Since the model is so narrowly defined so that it is not able to capture all studies the way they are done - does that mean we are losing something aside from including a qualitative category. John suggested that once the studies are scored, technical support would write an additional three or four paragraphs about how the study was written. At that time, the Committee would review what technical support has written. The Committee agreed that the model would continue to be used as it is with qualifiers around its studies so that a study that did not fit easily would not receive a score of zero but no score at all. The Committee would then determine how they should be compared.

Since there is no definitive way to state that a supopulation identified within a study is not a priority subpopulation, Tracey suggested merging both models (1), the tentative priority setting model for sub-populations, and (2), the tentative priority setting model developed by the 1999 Priority Setting Committee. Once they are merged the Committee would identify gaps and then determine if the merged model is too broad. Mazdak added that those studies that did not fit into the first model listed above be included in the model developed by the 1999 Priority Setting Committee with a notation and list of its weaknesses and strengths.

V. PREPARE FOR MAY PRESENTATION TO THE HPPC

The Committee agreed to postpone the presentation of the priority setting model to the Council until June. Tracey, Michael and the Co-Chairs will trouble shoot any problems associated with the new model. Members with questions should e-mail them prior to the next meeting. Members should also consider how the emerging populations fit into the model and what should be done with those studies for which there is no research before the next meeting.

VI. NEXT STEPS

The next regularly scheduled meeting will be held on May 16th from 2 PM to 4 PM at 25 Van Ness, 5th Floor.

Minutes written by K. Simone Ferguson

Minutes reviewed by Tracey Packer, HIV Prevention Section

Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, May 16, 2000
2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

AGENDA

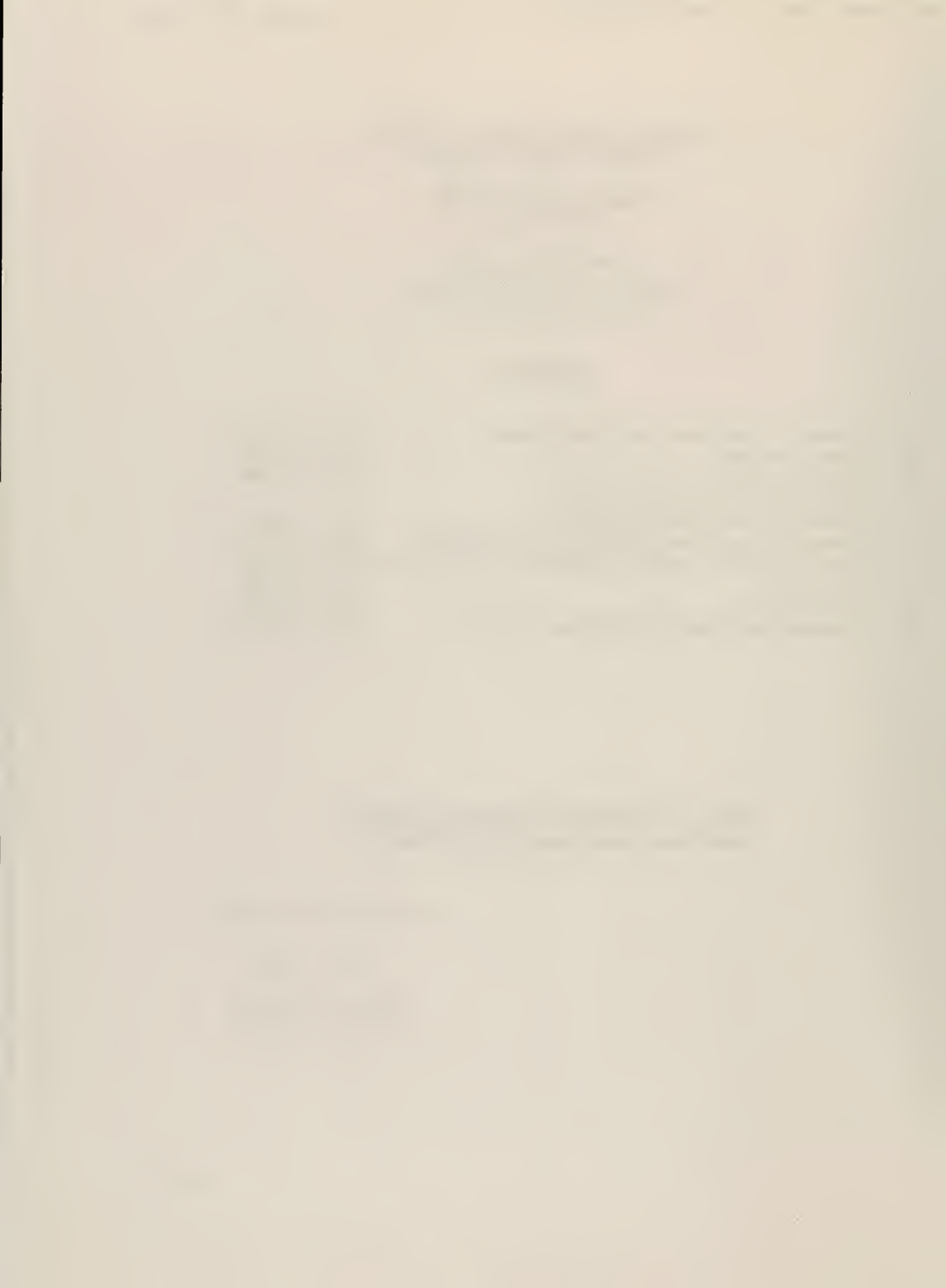
- | | | |
|----|--|----------------|
| 1. | Welcome, Introductions, and Announcements | 2:00 - 2:10 PM |
| 2. | Public Comment | 2:10 - 2:15 PM |
| 3. | Approve Minutes from April 25 - Vote | 2:15 - 2:20 PM |
| 4. | Presentation on Process to Identify
Sub-populations - Review, Discuss, Vote | 2:20 - 3:00 PM |
| 5. | Review Sub-populations, Identify Gaps - Possible Vote | 3:00 - 3:20 PM |
| 6. | Plan for Identifying Emerging Populations - Possible Vote | 3:20 - 3:40 PM |
| 7. | Next Steps | 3:40 - 3:50 PM |
| 8. | Public Comment | 3:50 - 3:55 PM |
| 9. | Evaluation and Closing (Next Meeting: June 20) | 3:55 - 4:00 PM |

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**HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
May 16, 2000**

Members present:

Marcos BaZales
John Newmeyer
Mazdak Mazarei
Martha Ugarte-Ortiz
Tracey Packer
Kyung-Hee Choi
Jamie Peta

Lisa Reyes, *DPH, HPS*

Members absent

Willi McFarland
Michael Discepolo

Guests:

Brenda Escobar (?)

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Support Staff present:

Michael DeMayo, *Harder + Co.*
K. Simone Ferguson, *Polaris R and D*
Amani Flood, *Polaris R and D*

Call to order: 2:00 p.m.

1. WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

Simone announced that she is resigning her position of keeping the minutes. She introduced Amani Flood, also of Polaris R and D, and announced that Amani will be taking over the job as recording secretary.

Mazdak announced that there is a new magazine now being produced by LYRIC called Spill. Copies of the publication were distributed.

2. PUBLIC COMMENT

There was no public comment.

3. APPROVE MINUTES FROM APRIL 25, 2000 MEETING

Brenda Escobar was mistakenly omitted from the minutes of the meeting held on April 25, 2000 (Ms. Escobar also did not sign in for today's meeting). With the correction of the addition of her attendance, the minutes of the meeting held on April 25, 2000 were approved by consensus. Amani will make the correction and distribute the minutes.

4. PRESENTATION ON PROCESS TO IDENTIFY SUB-POPULATIONS – REVIEW, DISCUSS AND VOTE

The Committee discussed the prevalence studies and how they had been scored. Mazdak explained his view of some problems with the study. At the last meeting it was decided to separate the prevalence studies from behavior studies. Prevalence studies will be used

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to identify sub-populations. Behavior studies will be used to identify emergency populations.

Dara and Michael pulled all prevalence studies, rated them by the model, and grouped them by score from the model. What remains is a new list of sub-populations organized by behavior risk population (BRP), which includes all of the populations included in the prevalence studies. Now the Committee can identify sub-populations and look at what is missing. Each section of sub-populations is broken down into three tiers according to the study's score. The first tier is comprised of those groups having the highest scores (21%-27%), the second tier is those scoring 15%-20%, and the third tier is those scoring 9%-14%. The Committee's prior concerns about whether the right studies were being used are settled by these results because they _____.

Each study is cross referenced to show its bibliography. Other studies (4) have not been included yet due to questions about how the studies were conducted. Dara and Ya-el will go through the process again to see if they can identify emerging populations.

Madzak called for questions, but there were none, so everyone present was presumed to understand what was going on up to that point.

It was decided that groups having a certain amount of prevalence will be guaranteed funding. This year's Committee voted to raise that by four times to 8 percent or higher of the city's overall rate to identify sub-populations.

5. REVIEW SUB-POPULATIONS, IDENTIFY GAPS – POSSIBLE VOTE

Michael DeMayo suggested going through the scores to see which sub-population groups can be pulled out right away as being assured of funding (having 8% or over seroprevalence). Some will be obvious. It was agreed to do that.

Discussion then followed about how to interpret the data. Michael D. talked about discreet populations that could be identified by data from other organizations. Are there co-factors like homelessness, substance abuse that should be singled out among the sub-groups to become sub-groups of their own? How specific should the Committee be in its identification of sub-populations? The Committee has to be careful not to tell people how to target, but to simply interpret the data it receives.

Tracey telephoned Mike Pendo to see whether he has anything specific on prevalence of MSM speed users to add to the list. Mike Pendo found no studies that show prevalence for MSM methamphetamine users specifically. No correlations were found in two studies he researched.

The question was raised are there any other sub-groups that should be defined/identified that are not on the list?

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Marcos wonders if 8% is too high a number for sub-populations. For BRPs it is okay, but for sub-populations, it may not be. He asked does anyone agree with him? He suggests 6%. There was general agreement, but it was decided to go through the list first, and then go back and see whether 8% left out too many groups.

6. PLAN FOR IDENTIFYING EMERGING POPULATIOJS – POSSIBLE VOTE

Are there any other populations that have such a high prevalence as to become emerging risk populations?

A flip chart was started and the Committee wrote down notes as each study was reviewed and sub-populations identified. (These charts will be incorporated into and become a part of these minutes.)

For some populations there is no data (noted in orange writing on the charts). Spanish monolingual, immigrant, MSM's, API immigrants, for example. Further research can be done on these populations.

Some studies are now dated (too old) and may not show the overall decline in rates which has now been shown by new information being disseminated by the AIDS Office.

Blue writing on the flip chart indicates groups having a high prevalence, but not meeting the 8% criteria.

A typographical error on the hand-out was noted. On page 6, the line entitled "Hetero female non IDU in alcohol tx" should actually be part of the group shown on the next page, 7.

When reading the results, the Committee takes note when the population sample size is small, such as Hispanic IDU (only 21 persons surveyed).

There is no data on one important group: FSM sex workers. (In orange writing on the flip chart.)

Incarcerated populations cross all BRPs.

Someone asked if injecting hormones is considered IDU for transgendered populations? This will be researched.

There needs to be some distinction between MTF transgendered populations and FTM. Jamie suggests looking at transgendered sex workers. Michael will call Kristen to answer

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these questions. Will commercial sex workers who are FTM be considered in this category?

Two studies cannot be used. One includes other California cities, so we have to see if the data for San Francisco can be sifted out. Also the studies need to be examined to see if a study that it may be citing is already included, so that data will not be counted twice.

What about STD clinics? Michael D. will have to get that information for emerging populations.

One study just denotes IDU without any gender specifications. It cannot be used.

7. NEXT STEPS

Mazdak says we now have a good list of definites, written in brown. As for the blues and oranges, they must now think about whether these are emerging populations.

It seems as if most of them are youth populations. John says this is exactly the age which could soon sero-convert. All youth are emerging populations which will be formed as time passes. Since the HPPC is concerned with prevention, he believes it should target money to the populations that these youth will or may grow into.

The question was raised, "how do we deal with groups where there is no prevalence data?" We could look at second groups of studies to see if correlations can be found. Behavioral risk data can be researched here.

Consider MSM youth as being included with those in brown writing.

John feels that all homeless people should be targeted since they are all in such dangerous situations. Homeless FSF had a small testing population so it was put in blue.

Michael reminded everyone that when these results are taken to the Council, the Council may have studies to support some populations or other populations.

Marina said that her women's HIV prevention program (Westside) has been doing studies on women who have sex with IV users. She will look into this data.

Marco says homeless IDU's have higher risk than the overall population.

Mazdak says we should target the homeless and list the risk populations among them. The HIV Prevention Plan has specific information on homelessness and HIV. Tracey suggested that the Committee read it again first to see what it says. In the plan, there are certain co-factors. See page 473. Tracey suggests that everyone review that section.

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8. PUBLIC COMMENT

None.

9. EVALUATION AND CLOSING (NEXT MEETING: JUNE 20, 2000)

Marco thinks that everything the Committee wanted to accomplish today was done. He thanked everyone for sitting through the process. At the next meeting, he and Mazdak will present the Committee's findings to the Council. He will host a meeting on Friday May 19 at 1232 Market Street, 2nd floor, from 2-4 p.m. to plan the Committee's presentation to the Council. Anyone who wants to help with the presentation should come to that May 19 meeting.

John announced that he will not be present for the Committee's June meeting due to a conference. Michael D. and Mazdak also announced that they will miss the June meeting due to prior commitments not described.

The members were requested to please e-mail Mazdak with questions they may have about the information discussed during this meeting.

Minutes written by Anami Flood, Polaris Research & Development

Minutes reviewed by Mazdak Mazarei, Co-Chair and Tracey Packer, HIV Prevention Section

^{HIV}
Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, June 20, 2000
2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

AGENDA

- | | | |
|----|--|--------------|
| 1. | Welcome, Introductions, Announcements | 2:00-2:10 PM |
| 2. | Public Comment | 2:10-2:15 PM |
| 3. | Approve minutes from 5/16 committee meeting: <i>Vote</i> | 2:15-2:25 PM |
| 4. | Review Council vote from 6/8 meeting/Discuss next steps: <i>Vote</i> | 2:25-3:15 PM |
| 5. | Discuss methods for identifying populations with emerging infections: <i>Discussion and Vote</i> | 3:15-3:40 PM |
| 6. | Next Steps/Review committee's 2000 scope of work | 3:40-3:50 PM |
| 7. | Public Comment | 3:50-3:55 PM |
| 8. | Evaluation and Closing | 3:55-4:00 PM |

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HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
June 20, 2000

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Members present:

Marcos Banales
John Newmeyer
Martha Ugarte-Ortiz
Tracey Packer
Kyung-Hee Choi
Michael Discepolo
Willi McFarland
Andrea Kim

Lisa Reyes, *HPS*

Wendy Hussey, Process Evaluation

Members absent

Jamie Peta
Brenda Escobar
Mazdak Mazarei

Support Staff present:

Michael DeMayo, *Harder + Co.*
Amani Flood, *Polaris R and D*
Shybria Lewis, *Polaris R and D*

Guests:

Danielle DuCaine, Mayor's Office

1. WELCOME, INTRODUCTIONS AND ANNOUNCEMENTS

Marcos announced that Mazdak will not be attending, therefore Marcos will chair the meeting.

Danielle announced that she will be sending a letter of invitation to all of the Council members asking them to join the Mayor's contingent in the upcoming Gay Pride Parade.

Michael DeMayo announced that he will not be able to attend the meeting on August 15.

2. PUBLIC COMMENT

There was no public comment.

3. APPROVE MINUTES FROM MAY 16, 2000 MEETING

Approving the Minutes of the last meeting was delayed until the next meeting because members just received them today. Members will thus have a chance to study them and discuss approval at the July 18 meeting.

4. REVIEW COUNCIL VOTE FROM 6/8 MEETING/ NEXT STEPS

A general update was given by Marcos on what happened at the last Council meeting on June 8, 2000. There were problems concerning the P.S. Committee presentation on identifying sub-populations to receive guaranteed funding. Many of the new members were very confused about what was going on. Others members were concerned about populations having been left out.

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Tracey noted that the Co-Chairs thought the problem was in the Committee asking the Council to approve the criteria *and* the subpopulations at the same time. A better way would have been to present the criteria to the Council for approval, as step one. Then as step two, the committee should have presented to the Council which subpopulations they identified, based on the criteria.

Willi asked whether criteria should be set to identify emerging populations that do not fit the prevalence model and what should be done about them with respect to funding. There was general agreement with this suggestion.

There are subpopulations for which prevalence rates are not higher than the city's average or for which no prevalence studies have been done, but which the Committee considers high risk. There should be another way is to identify high risk sub population and to show that they are short-funded.

Members agreed to investigate their studies and other statistical sources. Marcos said if anyone knows of studies being done in their communities, let the Committee members know.

5. DISCUSS METHODS FOR IDENTIFYING POPULATIONS WITH EMERGING INFECTIONS: *DISCUSSION AND VOTE*

There was discussion on sub populations which do not fit the prevalence model, including MSMs over 40 and youth under 18, and whether they should be singled out as subpopulations. Members wanted to know what ages determine youth.

Michael Discepolo suggested basing the criteria on the subpopulation's infection rate. Other ideas were suggested. John asked for maximum flexibility within the model. Others agreed, saying the Committee shouldn't create something too inflexible. It is better to create an open model and then let the agencies describe why they believe the population they serve fits the model. The Committee has to make sure there is funding for all ages, ethnicity's, etc.

There was a discussion on what is the value of prioritizing? Will there be a difference in dollars awarded based on some type of priority and if so what will the criteria be?

The Committee decided that subpopulations as a whole represent target populations who should all receive guaranteed funding. Tracey called for a vote on whether the subpopulations identified by the model should also be ranked by some other criteria. The motion was seconded and the vote passed unanimously. The Committee will not rank the subpopulations but a footnote might give more information on each group's risk factors and the burden of the epidemic. There could be some reason for knowing that information.

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June 20, 2000

There was discussion on the quality of the studies. Should the Committee use only those identified in the top tier, that is those identified by high quality studies? If so, what should happen to those subpopulations in the bottom tier of the model, that is those identified using poor quality studies such as having too few participants? It was decided that in writing the chapter, those issues would be addressed, such as using a footnote saying that there may be BRPs other than those listed for which not enough quality research exists to identify them as emerging or as high risk populations.

Tracey said lets be sure that we are able to fund those groups we all agree are high risk populations.

Rather than vote on those high risk populations currently on the bottom tier today, Michael DeMayo said he will bring the subpopulations list to the next meeting and the Committee can look at it and vote at that time.

The committee then brainstormed criteria for populations to be considered a risk factor for emerging populations. The list is attached to these Minutes. The brainstormed categories were then divided into *behavioral*, *biological* and *social or socioeconomic* factors. At the next meeting Michael DeMayo will synthesize the brainstormed list into the three categories and then go through some studies to see how they fit. In that way we can see how to apply this information in a usable way. Everyone agrees to this plan by consensus.

Lisa asked are there any studies that show low self-esteem as a risk factor? It was agreed that low self-esteem should be included, as well as mental health, childhood sexual abuse, alcoholism, depression, primary relationship status, and others.

6. NEXT STEPS / REVIEW COMMITTEE'S 2000 SCOPE OF WORK

The Committee decided that its next task is to Identify criteria for a new model, create a cooperative agreement with DPH, develop a resource allocations plan and gain community input.

7. Public Comment: None.

8. Evaluation and Closing

There was general agreement that the meeting was productive. The next meeting will be July 18. Wendy, Willi and Kyung-Hee announced that they will not attend that meeting.

The Meeting adjourned at 3:50 p.m.

Minutes Prepared by Amani Flood of Polaris Research & Development
Minutes Reviewed by Marcos Banales, Co-Chair and Tracey Packer, DPH, HPS

Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, July 18, 2000
2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

AGENDA

- | | | |
|----|--|--------------|
| 1. | Welcome, Introductions, Announcements | 2:00-2:10 PM |
| 2. | Public Comment | 2:10-2:15 PM |
| 3. | Approve minutes from 6/20/00 committee meeting: <i>Vote</i> | 2:15-2:25 PM |
| 4. | Review Priority Sub-populations: <i>Vote</i> | 2:25-2:45 PM |
| 5. | Discuss methods for identifying populations with emerging infections: <i>Discussion and Vote</i> | 2:45-3:40 PM |
| 6. | Next Steps | 3:40-3:50 PM |
| 7. | Public Comment | 3:50-3:55 PM |
| 8. | Evaluation and Closing | 3:55-4:00 PM |

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HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
July 18, 2000

Members present:

Marcos Banales
John Newmeyer
Mazdak Mazarei
Tracey Packer
Michael Discepola
Brenda Escobar

Support Staff present:

Michael DeMayo, *Harder + Co.*
Amani Flood, *Polaris R and D*
Kevin Roe, *Process Evaluation*

Guests:

None

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Members absent

Willi McFarland
Martha Ugarte-Ortiz
Kyung-Hee Choi
Jamie Peta

1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS

Mazdak announced that due to time constraints, he is resigning from his position as Co-Chair of the committee. He will remain on the committee. Persons interested in filling that vacancy should speak to Tracey.

2. PUBLIC COMMENT

There was no public comment.

3. APPROVE JUNE 20, 2000 MINUTES

The minutes of the last meeting were not reviewed and mailed out to members in time, therefore approval of previous minutes was tabled until the next meeting.

4. REVIEW PRIORITY SUB-POPULATIONS

Michael DeMayo went over some additional studies that may be used to identify sub-populations. These studies address gaps that had previously been identified including, Asian Pacific Islander MSM and the homeless. During the discussion, changes were made to the sub-populations model, as follows: 1) add MSM homeless adult/marginally housed to BRP 1; 2) add MSM-IDU/F-IDU homeless adult/marginally housed to BRP 3; 3) remove MSF homeless teens from BRP 6. All of these changes were agreed to by the members by consensus. A motion was called to accept the priority setting model. After seconding, the motion passed by unanimous vote. The committee thanked Michael DeMayo for his hard work on this project.

The committee discussed how to explain to the Council how the committee reached its final decisions on the priority setting model. Tracey stated that the committee used the model approved by the committee, using seroprevalence data from the studies which scored high on the screening criteria. The committee also researched areas recommended

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Minutes of Meeting
July 18, 2000

by the Council to complete the list of subpopulations. The committee agreed that this will be explained to the Council.

The brainstormed list from the June 20 meeting, of co-factors for identifying emerging populations was discussed. The list needs to be culled according to certain criteria, including how measurable the co-factors are. There was a detailed discussion about whether to include women who have unprotected vaginal sex. Mazdak is concerned that certain indicators may affect all populations, not just MSM populations, and that this should be looked at. It was discussed for the committee to link with the Prevention Indicators Project, which is a two-year old, funded project designed especially to deal with prevention indicators, that are designed to assess emerging infections. Members were in favor of investigating this further. They suggested asking Willi McFarland, who is a member of this committee and is also working on the Prevention Indicators Project, to present at the next Priority Setting Committee meeting. Tracey will call Willi and report back to the committee.

After discussion a motion was made for the committee to move toward using the Prevention Indicators to help create a model that can be used to identify emerging populations at risk for HIV transmission, and to invite Willi or someone else from the Project to speak to the committee at the next meeting. The motion was seconded, and passed by unanimous vote.

6. NEXT STEPS

The committee discussed the upcoming tasks. Aside from asking people from the Prevention Indicators Project to make a presentation to the Committee in August, the committee will also begin work on the resource allocation guidelines based on the revised priority setting model. In October they will begin reviewing the Priority Setting chapter in the HPPC Plan. After getting the emerging populations indicators in place, they will present their findings on the sub-populations model and the emerging populations to the Council for approval.

Six new members have requested to join the Priority Setting Committee. They will come to the August meeting. An orientation to the committee will be included in the August agenda.

The committee was asked to consider inclusion of people who have sex with transgenders to the BRP list. The topic will be explored further at the next Priority Setting meeting.

The meeting adjourned at 3:40 p.m.

Minutes prepared by Anani Flood of Polaris Research and Development.
Minutes reviewed by Tracey Packer, DPH Co-Chair and Mazdak Mazareï, Community Co-Chair.

Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, August 15, 2000
2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

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AGENDA

- | | | |
|----|--|--------------|
| 1. | Welcome to New Members, Introductions, Announcements | 2:00-2:15 PM |
| 2. | Public Comment | 2:15-2:20 PM |
| 3. | Approve minutes from 6/20/00 and 7/18/00 Committee Meetings:
Vote | 2:20-2:25 PM |
| 4. | Orientation to Committee for New Members | 2:25-2:45 PM |
| 5. | Discuss methods for identifying populations with emerging
infections: Presentation by Prevention Indicators Project
<i>Discussion and Vote</i> | 2:45-3:15 PM |
| 6. | Review BRPs and Discuss MST, FST, MST-IDU, FST-IDU | 3:15-3:35 PM |
| 7. | Next Steps | 3:35-3:45 PM |
| 8. | Public Comment | 3:45-3:50 PM |
| 9. | Evaluation and Closing | 3:50-4:00 PM |

**NOTE: All meetings are open to the public and
are held in handicapped accessible facilities.**

HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
August 15, 2000

Members present:

Marcos Banales
John Newmeyer
Mazdak Mazarei
Tracey Packer
Jo Ellen Fisher
Steven Gibson
Andrea Kim
Teresa Betancourt
Michael Meehan
Erick Brown

Members absent

Michael Discepola
Brenda Escobar
Willi McFarland
Martha Ugarte-Ortiz
Kyung-Hee Choi
Jamie Peta

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Support Staff present:

Amani Flood, *Polaris R and D*
Wendy Hussey, *Process Evaluation*

Guests:

None

1. WELCOME NEW MEMBERS, INTRODUCTIONS, ANNOUNCEMENTS

Marcos announced that since Mazdak has resigned as Co-chair, he will chair the meetings until a new Co-chair can be found. He welcomed the new members. Michael Discepola will not attend today as he is on vacation. Michael DeMayo had a scheduling conflict and will not be present. Steve Gibson announced that his organization has a job opening. See him for details. Mazdak announced that *HiFy* has two positions open: a Youth Editor and a Community Organizer for its youth outreach programs. See Mazdak for details. Jo Ellen announced that there is a Bill before the House, #AB2142, which will outlaw discrimination against transgendered persons. The bill needs everyone's support. Interested persons should write to Senator Schrieff. See Jo Ellen for more information.

2. PUBLIC COMMENT

None.

3. APPROVE JUNE 20 AND JULY 18, 2000 MINUTES

Marcos asked if there were any corrections to the minutes of the meetings on June 20 and July 18, 2000. There being none, a motion was made to accept those minutes. On second, the minutes of June 20, and July 18, 2000 meetings were approved by majority vote.

4. ORIENTATION TO COMMITTEE FOR NEW MEMBERS

The members held an orientation exercise designed to help everyone become acquainted. Tracey then explained what the job of this committee is. She first defined some terms, explaining that prevalence is the number of HIV infected persons among a group at any moment in time. Incidence is the rate of new HIV infections within a population. Incidence is described as a percentage of uninfected people in a population expected to become infected in a period of time.

HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
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August 15, 2000

Tracey explained the committee developed a priority setting model that first ranks behavioral risk populations (BRP) by HIV incidence. This will be complete soon, now that new incidence numbers have been determined. The second step is to identify sub-populations among the behavioral risk populations. The Council had approved 8% and above prevalence as the criteria for identification of behavior risk sub-populations. A list was created by Priority Setting using the 8% criteria.

Tracey explained that now that this part of the model is complete, the final work of the Priority Setting committee is to define a method for monitoring emerging infections, and setting guidelines for resource allocation.

5. DISCUSS METHODS FOR IDENTIFYING POPULATIONS WITH EMERGING INFECTIONS: PRESENTATION BY PREVENTION INDICATORS PROJECT

The committee had requested a presentation on the Prevention Indicators Project, which was designed to identify behaviors that may lead to infections, or emerging risk populations. Since it was before the committee to develop a model of prevention indicators, Willi McFarland was asked to make a presentation since he is a member of the Prevention Indicators Project. However, Willi was unable to attend today's meeting due to a family emergency. Andrea Kim reported on the Prevention Indicators Project. The research identified indicators outside of the prevalence and incidence model, which point to emerging populations. Tracey discussed each category. The purpose of the research was to identify indicators that can be monitored constantly. The group reviewed the indicators and found that incidence of gonorrhea and other STDs was the only indicator useful to the model sought by the committee.

The group talked about accessing information and impressions from providers and from people in communities about trends in risk behaviors. This might be a method for monitoring risk behavior that could lead to emerging infections. Tracey suggested doing a focus group with community members and providers to discuss non-scientific data.

6. REVIEW BRPs AND DISCUSS MST, FST, MST-IDU, FST-IDU

Tracey presented the BRP list. Jo Ellen discussed issues and concerns of the transgendered community, saying a lot of the prevention information does not filter into that community. For example, she does not read the gay papers. Jo Ellen suggested putting MST, FST, TST in BRP #7 and MST-IDU, FST-IDU and TST-IDU in BRP #8. Steven noted that doing so would help that community get funding by being grouped with a larger population. Jo Ellen suggested adding a question to data collection forms for transgendered persons to identify themselves and their sexual partners. She said that the estimated TG population in San Francisco is 3000.

Jo Ellen suggested that every risk category include transgendered persons as a sub-population because persons who have sex with transgendered persons have a greater

HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
August 15, 2000

infection risk. For example a man who has sex with a male to female transgendered person has a greater risk than a man who has sex with biological females. The discussion centered around the difficulties in identifying, categorizing and servicing the transgender population, whose behavior categories often don't match well with standardized identities. Jo Ellen stated that within her community, prevalence is 35% and incidence is 2%. There is not adequate outreach or prevention being done within the community and it needs to be handled separately from gay men's issues. It was decided that Jo Ellen and other representatives from the transgender community will make a presentation at the next Priority Setting meeting so members will have a chance to think these issues over and be presented with more information.

Steven pointed out that it is not being transgendered but having sex with transgendered persons or others in a high prevalence population that is the risk behavior, so there may need to be a separate BRP or anyone who has sex with transgendered persons. Kristen Clements will be asked to contribute to that presentation for the next meeting. By consensus members were in agreement with the plan. Jo Ellen and Tracey will work together to organize the presentation.

7. NEXT STEPS

Tracey summarized the work of the committee. After determining the best way to monitor emerging infections, the group will make a recommendation regarding where to place MST, FST, TST, etc. The last task is to develop resource allocation guidelines.

8. PUBLIC COMMENT

None.

9. EVALUATION AND CLOSING

Jo Ellen and Marcos want their minutes delivered by e-mail only. Marcos' new e-mail address is Banma@juno.com. Jo Ellen's e-mail address is: aquatranny@worldnet.att.net.

The meeting adjourned at 4:06 p.m.

*Minutes prepared by Amami Flood of Polaris Research and Development.
Minutes reviewed by Tracey Packer, DPH Co-Chair and Marcos Banales, Community Co-Chair.*

Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, September 19, 2000
2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

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AGENDA

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- | | | |
|----|--|--------------|
| 1. | Welcome, Introductions, Announcements | 2:00-2:15 PM |
| 2. | Public Comment | 2:15-2:25 PM |
| 3. | Approve minutes from 8/15/00: <i>Vote</i> | 2:25-2:30 PM |
| 4. | Finalize model for emerging populations
<i>Discussion and Vote</i> | 2:30-3:00 PM |
| 5. | Review behavioral risk populations (BRPs) and discuss
placement of MST, MST-IDU, FST, FST-IDU, TST, TST-IDU | 3:00-3:40 PM |
| 6. | Next Steps:
a. Orientation for developing resource allocation guidelines
b. Timeline | 3:40-3:55 PM |
| 7. | Evaluation and Closing | 3:55-4:00 PM |

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HIV PREVENTION AND PLANNING COUNCIL

Priority Setting Committee

Minutes of Meeting

September 19, 2000

Members present:

Marcos Banales
Michael Discepolo
John Newmeyer
Brenda Escobar
Tracey Packer
Jo Ellen Fisher
Steven Gibson
Tae-Wol Stanley
Teresa Betancourt

Guests:

JoAnne Keatley

Members absent

Mazdak Mazarei
Andrea Kim
Willi McFarland
Martha Ugarte-Ortiz
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Jamie Peta
Michael Meehan

DOCUMENTS DEPT.

MAR 27 2006

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Support Staff present:

Carol McGruder, *Polaris R and D*
Rona Esquieres, *Polaris R and D*
Wendy Hussey, *Process Evaluation*
Michael DeMayo, *Harder+Co.*

1. WELCOME NEW MEMBERS, INTRODUCTIONS, ANNOUNCEMENTS

Meeting convened at 2:05 p.m. with a welcome and introductions.

2. PUBLIC COMMENT

None.

3. APPROVE AUGUST 15TH MINUTES

Marcos asked if there were any corrections to the minutes of the meeting on August 15, 2000. There being none, a motion was made to accept those minutes. On second, the minutes of August 15, 2000 were approved by majority vote with two abstentions.

4. FINALIZE MODEL FOR EMERGING POPULATIONS

Marcos opened the floor for discussion on emerging populations. There was an in-depth discussion on the problems and challenges of identifying emerging populations and the importance of getting emerging populations more involved in the HPPC process. Challenges arise in identifying emerging populations because little hard data is available. Research must look at secondary indicators that might track where the disease is going. But many populations are not tracked with the secondary indicators. STD data is not available by BRP leaving the HPPC with the challenge of sorting through existing data and making sense of the gaps. An example of this, are rectal gonorrhea rates which are not tracked in all populations. When data is not available across BRP it can distort the risk and make it appear that the disease is more prevalent in a population than it really is or vice versa. This is why the community is crucial in helping to identify emerging populations.

HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
September 19, 2000

Consensus models bring in providers to help identify what they are seeing in the field. This can help to get ahead of emerging trends and help the HPPC identify what needs to be focused on for assessment, funding, research, etc.

This led to a discussion of how to handle sub-populations within BRP. meth-amphetamine using MSM, for example. Members reminded the group that there are already members on the Priority Setting Committee that have the expertise needed to bring the issues of these sub-populations to the attention of the Priority Setting Committee. Other members felt there is a need to have regular forums to discuss emerging populations with service providers with attention given to populations not being provided service.

Concern was voiced about the HPPC's ability to distill information from community forums, and how to assess the value and validity of such information. There are instances where data is gathered through methodical and scientific channels but not disseminated contrasted with anecdotal information of providers solely advocating for their own interest group. It was decided that there should be a follow-up to the forum to discuss and distill the information that is gathered.

Tracey said that the purpose of the forum would be to identify information about populations that indicates that new HIV infections may be occurring. The Sero-Epi Unit of the AIDS Office could follow up with rapid assessments or other methodology to assess what is happening in that population.

Jo Ellen spoke of the importance of bringing the community into this dialogue. Jo Ellen mentioned that she is considered an expert in transgender issues and she doesn't feel she knows everything. She feels that providers don't know all and that communities need direct access to the HPPC. Providers can distort what is really happening. Tracey noted that this would go hand-in-hand with the thorough needs assessment that will be conducted next year.

Motion passed by consensus: The Priority Setting Committee asks the HIV Prevention Section, in partnership with the HPPC, to provide a community forum(s) by the end of March 31, 2000, at which members of the community and providers that serve communities including but not limited to HIV/AIDS prevention and care, mental health, STDs, family planning, care, housing, and shelters be invited to present agency-level data in order to highlight high-risk populations that did not emerge in the priority-setting model.

Sign language, second languages, and different immigration status should not be participant barriers.

**5. REVIEW BEHAVIORAL RISK POPULATIONS (BRPs) AND DISCUSS
PLACEMENT OF MST, MST-IDU, FST, FST-IDU, TST, TST-IDU**

HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
September 19, 2000

Discussion began last month on how these groups will be included in the BRPs. Tracey gave a brief overview of this process. When BRPs were first developed in 1995, the HPPC felt it made more sense to describe risk by how people were infected as opposed to their sexual orientation/identity. BRPs are identified by risk behavior, originally there were 12, with transgendered people integrated into each BRPs. However, the HPPC felt there were too many and they were reduced them to 8 with separate BRPs to describe transgendered populations. Now the discussion is about males who have sex with transgendered people and females who have sex with transgendered people and how to characterize that risk and decide what BRP to place them in.

Jo Ellen expressed concerned about the priority ranking process and how this data drives funding. Incidence numbers will help determine priority ranking at the consensus meeting. TG data can get lost in the MSM category. Jo Ellen felt strongly that this data should stand alone. It was noted that there is no data on incidence or prevalence of males who have sex with transgendered individuals.

Michael De Mayo explained the importance of thinking of BRPs separate from funding, they are separate processes. The priority setting model is for determining risk, funding comes in later. Jo Ellen talked about the limitations of describing funding allocated for TG. She feels TGs data will be missed if they are linked to populations that they don't identify with.

Jo Ellen suggested that a pie chart should be used in the allocation of funding. Populations should receive the amount that is proportionate to the burden of the epidemic in that population. Tracey clarified that it is not that simple because some populations are harder to reach. It is not the job of the HPPC to allocate resources but they have been asked for guidelines.

Steven Gibson asked how the agency that is best suited to work with the population can be used as a model and make the process of obtaining funding easier for them.

Some agreed that the BRP model in 1995 had a certain flow to it but it can evolve, the logic of the model might no longer fit.

Jo Ellen talked about BRP #7, TSM, and how people can be in more than one category and it could be the same act, two people and it doesn't matter what side of the "S" you are on.

Marcos said that MST is different than TSM because you are focusing on the first letter of the BRP. Men who have sex with TG are different than TG who have sex with M and would require different strategies.

Steven asked about the timeline and would like more time to consider the options further without pressure.

HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
September 19, 2000

M. DeMayo clarified that the committee will make recommendations to the HPPC, hopefully in November. The Priority Chapter must be written by December with all recommendations completed by November.

Motion to table the discussion until the next meeting was approved.

M. DeMayo will create a handout on the two models. Please read the Priority Setting Chapter in the Blue HIV Prevention Plan and the (yellow) Addendum prior to the meeting. M. Discepolo wants to call the question at the next meeting so please be prepared to vote and move forward.

6. NEXT STEPS

Completion of the resource allocations guidelines and review final draft of the chapter. Tracey wanted to be sure that members understand that the HPPC does not control prevention funding allocation but acts in an advisory capacity and makes recommendations. It was requested that members read pages 78-88 in the Addendum to the Plan (yellow) so it can be discussed next month. Teresa volunteered to facilitate at the next meeting.

7. EVALUATION AND CLOSING

Jo Ellen requests that her minutes be delivered by e-mail only. Jo Ellen's e-mail address is: aquatranny@worldnet.att.net.

Adjourned at 3:55pm

*Minutes prepared by Carol McGruder of Polaris Research and Development, Inc.
Minutes reviewed by Tracey Packer, DPH Co-Chair.*

HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
September 19, 2000

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JoAnne Keatley

Members absent

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HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
September 19, 2000

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HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
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HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
September 19, 2000

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Motion to table the discussion until the next meeting was approved.

M. DeMayo will create a handout on the two models. Please read the Priority Setting Chapter in the Blue HIV Prevention Plan and the (yellow) Addendum prior to the meeting. M. Discepolo wants to call the question at the next meeting so please be prepared to vote and move forward.

6. NEXT STEPS

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7. EVALUATION AND CLOSING

Jo Ellen requests that her minutes be delivered by e-mail only. Jo Ellen's e-mail address is: aquatranny@worldnet.att.net.

Adjourned at 3:55pm

Minutes prepared by Carol McGruder of Polaris Research and Development, Inc.
Minutes reviewed by Tracey Packer, DPH Co-Chair.

HIV Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, October 17, 2000
2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

DOCUMENTS DEPT.

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AGENDA

- | | | |
|----|--|--------------|
| 1. | Welcome, Introductions, Announcements | 2:00-2:15 PM |
| 2. | Public Comment | 2:15-2:25 PM |
| 3. | Approve minutes from 9/19/00: <i>Vote</i> | 2:25-2:30 PM |
| 4. | Continue discussion of behavioral risk populations (BRPs) and discuss two models for placement of MST, MST-IDU, FST, FST-IDU, TST, TST-IDU: <i>Discussion and Vote</i> | 2:30-3:00 PM |
| 5. | Discuss Resource Allocation Guidelines: <i>Possible Vote</i>
(To assist with this discussion, please read pages 79-88 of the Addendum to the Plan [yellow cover].) | 3:00-3:40 PM |
| 6. | Next Steps:
a. Prepare for November presentation to HPPC
b. Timeline | 3:40-3:55 PM |
| 7. | Evaluation and Closing | 3:55-4:00 PM |

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HIV Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, November 21, 2000
2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

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NOV 17 2000

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AGENDA

- | | | |
|----|--|--------------|
| 1. | Welcome, Introductions, Announcements | 2:00-2:15 PM |
| 2. | Public Comment | 2:15-2:25 PM |
| 3. | Approve minutes from 10/17/00: <i>Vote</i> | 2:25-2:30 PM |
| 4. | Debrief HPPC Votes | 2:30-2:45 PM |
| 5. | Complete Resource Allocation Guidelines: <i>Vote</i> | 2:45-3:40 PM |
| 6. | Next Steps:
a. Prepare for December presentation to HPPC
b. Timeline | 3:40-3:55 PM |
| 7. | Evaluation and Closing | 3:55-4:00 PM |

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HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
Minutes of Meeting
November 21, 2000

Members present:

Tracey Packer
Michael Discepolo
Teresa Betancourt
Brenda Escobar
Michael Meehan

Members absent

John Newmeyer
Martha Ugarte-Ortiz
Kyung-Hee Choi
Tae-Wol Stanley
Jo Ellen Fisher
Mazdak Mazarei
Steven Gibson

Support Staff present:

Michael DeMayo, *Harder + Co.* Rona
Esquieres, *Polaris R & D*

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1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS

Meeting called to order at 2:15 p.m. It was announced that Andrea Kim submitted her resignation and Jamie Peta has been removed from the Priority Setting Committee, leaving a total of 13 members on this committee.

2. PUBLIC COMMENT

None.

3. APPROVE OCTOBER 17, 2000 MINUTES

There was a motion to accept the minutes for the meeting on October 17, 2000. On second, the motion was carried by consensus.

4. DEBRIEF HPPC VOTES

A copy of both the Emerging Populations motion and the New BRP motion, as approved by the Council last month, was passed out.

The request to include substance abuse treatment providers was added to the plan to convene a forum of community providers to identify emerging populations. There was concern raised at the Council meeting that the implementation method would affect the true data so there was a request made to include community members and clients to partake in the investigation process. The input was taken and added to the Plan.

The new BRP model, which puts males, females, and transgendered persons who have sex with transgendered persons into BRPs #7 and #8, is now in place.

5. COMPLETE RESOURCE ALLOCATION GUIDELINES

HIV PREVENTION AND PLANNING COUNCIL

Priority Setting Committee

Minutes of Meeting

November 21, 2000

Completion of the resource allocations guidelines is the last task for this committee. Members understand that Priority Setting acts in an advisory capacity for resource allocation and can only make recommendations. Members can refer to pages 78-88 in the Addendum to the Plan for a more detailed description of these responsibilities. There have been discussions by the committee over the past few months on how recommendations could be developed. It was explained that there are different approaches to creating guidelines, depending on how specific or broad the committee wants the recommendations to be. For example, the committee could make general recommendations for percentages of funding to match the percentage of new infections, or gaps in services, etc. In addition to recommending funding guidelines, the committee could stress which specific populations should be targeted. Members were cautioned that if guidelines are too specific, it might cause limitations. Factors such as population size, incidence, prevalence, socio-economic factors, age, race, and ethnicity should also be considered.

The guidelines could be an adjustment to how funding is now being allocated, based on historic and new data; however, new data and the ranking of BRPs may not be available until January 2001. Consensus data from May could be used for the time being. Members agreed that it would be helpful to have current statistics and make use of what the new consensus report shows. It was agreed that more information should be brought to the table in order for members to make an informed decision. This led to further discussion as to what the committee would need in order to continue and complete the resource allocation guidelines. The guidelines would not be completed at today's meeting.

There was a suggestion to use examples from other metropolitan areas like New York, Chicago and San Diego to see how population size and percentage are incorporated into resource allocation. The committee could also examine incidence data and trends for the past three years. The timeline was discussed. Michael DeMayo and Tracey will gather these materials together and send it out to members before the next Priority Setting meeting, scheduled for December 19th from 2 to 4 p.m. Members are urged to attend this meeting. The committee should be done in December, at which time they would be ready to present their guidelines in January. There is also the possibility that the committee may have to meet in January if more time is needed.

Meeting adjourned at 3:16 p.m.

Minutes prepared by Rona Esquieres of Polaris Research and Development.

Minutes reviewed by Tracey Packer, DPH Co-Chair and Teresa Betancourt, Community Co-Chair.

HIV Prevention Planning Council (HPPC)
Priority Setting Committee

Tuesday, December 19, 2000
2:00 - 4:00 P.M.

HIV Prevention Section
25 Van Ness Avenue, Suite 330B
(Check in with receptionist)

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AGENDA

- | | | |
|----|--|--------------|
| 1. | Welcome, Introductions, Announcements | 2:00-2:15 PM |
| 2. | Public Comment | 2:15-2:25 PM |
| 3. | Approve minutes from 11/21/00: <i>Vote</i> | 2:25-2:30 PM |
| 4. | Complete Resource Allocation Guidelines: <i>Vote</i> | 2:30-3:35 PM |
| 5. | Next Steps: Prepare for January presentation to HPPC | 3:35-3:55 PM |
| 6. | Evaluation and Closing | 3:55-4:00 PM |

***NOTE: All meetings are open to the public and
are held in handicapped accessible facilities.
Meeting dates and times are subject to change
please verify by calling Betty Chan Lew at 554-9492.***

HIV PREVENTION AND PLANNING COUNCIL
Priority Setting Committee
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Members present:

Tae-Wol Stanley
Jo Ellen Fischer
Mazdak Mazarei
Tracey Packer
Michael Discepola
Steven Gibson
Teresa Betancourt
Brenda Escobar
Michael Meehan
Martha Ugarte-Ortiz

Members absent

John Newmeyer
Kyung-Hee Choi

Support Staff present:

Michael DeMayo, *Harder + Co.*
Rona Esquieres, *Polaris R and D*
Kevin Roe, *Process Evaluation*

Guests:

None

1. WELCOME, INTRODUCTIONS, ANNOUNCEMENTS

There were no announcements.

2. PUBLIC COMMENT

None.

3. APPROVE OCTOBER 21, 2000 MINUTES

The motion to accept the minutes for the meeting on October 21, 2000 was approved by consensus.

4. COMPLETE RESOURCE ALLOCATION GUIDELINES

Michael DeMayo distributed population size estimates, HIV incidence trends by BRP to begin discussion on resource allocation. He noted that the information is incomplete but will be updated with data from the upcoming January 2001 Consensus Report, at which time there would be incidence estimates available for all of the BRPs.

Some committee members expressed concern on the lack of updated incidence data and population sizes, which prevented recommendations from being formulated in the past. Other members suggested that principles for resource allocation could be developed in the absence of complete incidence rates.

Based on looking at the data that is presented today, the committee could get a good sense of what the ranking is for each BRP, thus allowing the committee to form some general guidelines

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to build a model upon which resources should be allocated. Members were concerned with how the new consensus data might affect their recommendations.

Michael DeMayo and Tracey stated that it is very likely that the data will not look much different from the data that has already been presented.

Tracey Packer distributed data from the resource inventory maintained by the HIV Prevention Section. Tracey walked members through the resource inventory. Agencies contracted by the DPH/HPS, the populations they reach, interventions, and the amount of annual funding they receive was listed. Tracey noted that although there is no actual breakdown on how much agencies are spending to reach certain populations, they indicate which BRPs and interventions are being used with the funding they receive. According to the resource inventory, there are at least several interventions targeting each behavioral risk population.

Members commented that, in addition to prevalence, population size is an important consideration, as it contributes to the incidence rate and emerging trends. Sub-populations within each BRP should also be identified to insure that these populations receive funding.

Members discussed how comfortable they felt in their ability to make an informed decision, based on their present knowledge and the estimates from today's handout.

Members were in agreement to move forward with the development of a motion, as suggested by Michael Discepola.

Members then began a discussion on what percentage or what top percentage of infections (if any were to be recommended), and to how many top BRPs, would be recommended by this committee. Members were also in agreement that they would meet once more after the consensus meeting, after the report becomes available, to finalize their recommendations.

Motion

Part I. The committee would meet after the consensus meeting, by the end of February, to finalize their resource allocation guidelines. The meeting is scheduled for Tuesday, February 20, 2000 from 2 to 4 pm. There being no objections, the motion was carried.

Part II. It is this committee's intention to recommend that at least 85% of funds are allocated to the top four BRPs, as the data indicates that 93% of infections fall within these populations. There being no objections, the motion was carried.

5. NEXT STEPS

The committee, as a group, will present the motion on January 11th and ask that the Full Council support the resource allocation guidelines.

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6. EVALUATION AND CLOSING

Meeting adjourned at 4:03 p.m.

Minutes prepared by Rona Esquieres of Polaris Research and Development.

Minutes reviewed by Tracey Packer, DPH Co-Chair and Teresa Betancourt, Community Co-Chair.

